

## 2011 ANNUAL RÉPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/11/2011

Business ID: 529487

William M. Gardner

Secretary of State

Co	onant Road, LLC	ADDRESS OF PRINCIPAL OFFICE:
6 LYME ROAD		
Hanover, NH 03755		
iamover, terr volvas		
	ENTITY TYPE: LLC	1
	BUSINESS ID: 529487	REGISTERED AGENT AND OFFICE:
	DCGI(CDG 12)	Rapf, Joanna E.
	STATE OF DOMICILE: NEW HAMPSHIRE	
		96 Lyme Road
	To acquire, hold, maintain, improve, lease and re-sell real property	Hanover, NH 03755
If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.		
	If changing the mailing or principal office address, please ched	- 12 Marka Al AL 72 ALG -4405
2		DRIVE, HORMAN, OK 78069-4405
	The new principal office address	
	PO Box is ac	ceptable.
MANACEPS MEMBERS		
	MANAGERS  MANAGERS	MAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
•	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT	MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS  B
	TO A SCHOOL F ROOF	NAME WILLIAM H. RAPF
	M COA ALTER DAME	Un PROPERTY PARD
71.4	STREET 1229 AVONDALE DRIVE	31REL1
	CITY/STATE/ZIP NORMAN, OK 73069-4405	CHIANATEZH WARE
Ú.	NAME	110 020 260 120 120
	STREET	STREET 43 61200 A 2021 2409
.3	CITY/STATE/ZIP	CITY/STATE/ZIP AMHERST, NH 03031-2409 NAME GERALDINE YANDUSEN
jus.	NAME	NAME GERALDINE POAD
	STREET	STREET 55 GLENDALE ROAD
	CITY/STATE/ZIP	CITY/STATE/ZIP OSSINING, NY 10562
	NAME	NAME ALEXANDER M. EATON
	STREET	STREET 22-11 35 STREET (HE)
	CITY/STATE/7IP	CITY/STATE/ZIP ASTORIA, NY 11105
	NAMES AND ADDRESSES OF ADDITIONAL M	IANAGERS/MEMBERS ARE ATTACHED SEE attached
2.		
	·	
	To be signed by the manager, if no manager, must be signed by a member.	
	I, the undersigned, do hereby certify that the statements on this re	port are true to the best of my information, knowledge and belief.
	a, the analogous,	_( )
4	4	E Vand Manager
	Sign here:	
	Please print name and title of signer: JOANNA	E. RAPF I MANAGER
4	NAME	TITLE
	FEE DUE: \$100.00 E-MAIL ADDRESS	(OPTIONAL): jrapf@ov.edu

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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE
RETURN COMPLETED REPORT AND PAYMENT TO:
New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

## Members of the 6 Conant Road LLC

Joanna E. Rapf, Manager 1229 Avondale Drive Norman, OK 73069-4405

William H. Rapf 43 Brook Road Amherst, NH 03031-2409

Kevin M. Rapf PO Box 2831 Park City, Utah 84060

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Caitlin VanDusen 542 Clinton Street (#2) Brooklyn, NY 11231

Norah VanDusen 494 2<sup>nd</sup> Street (apt. #2) Brooklyn, NY 11215

Alexander M. Eaton 22-11 35<sup>th</sup> Street (#1) Astoria NY 11105